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ORIGINAL COMMUNICATIONS.

XII.—*On the Ectrotic or Abortive treatment of Small Pox.* By A. VON IFFLAND, M.D., Member Royal College Surgeons of England; and Vice-President of the College of Physicians and Surgeons of Lower Canada.

In the army medical reports of Dr. Wright, he observes that the apothegm of the ancient Jews, was, that, "no man discharged his duty to his country, who died without having planted a tree, built a house, and left a child behind him." If I was asked to suggest an improvement of the saying, I would intimate that the Physician is obnoxious to the charge of neglect of duty to the community, who passes through life without having at least attempted to discover some new fact, or *verify* some already *expressed hint* which may sustain the relationship of an improvement, either directly or indirectly to the *ars medica*.

One, among the many subjects, to which my attention has been directed this season, has been the application of a modifying power over the variolous pustule, and in preventing the maturation of these pustules, and the subsequent pitting, while attended with no danger to the patient.

I should promise, that a few years since, several cases of small pox having fallen under my treatment, I selected two cases (females) where on the eruption had extended confluenty on the forehead, face, neck and arms; but on the lower extremities, discrete.

The parents having seemed more anxious to preserve the beauty of their faces—and they were truly beautiful—than the saving of their lives, the tincture of iodine, as recommended by my late lamented friend, Dr. Crawford, was painted over part of the face of one of the patients, but the pain became so intense, that after going through one side, I was under the necessity of desisting.

Some two years ago, Dr. J. A. Sewell, of Quebec, was very desirous

that when cases of small pox were admitted into the Quarantine Hospital—specially appropriated for that disease, I should apply the pure nitrate of silver to the pustules after puncture,* as being, he believed, particularly successful as an ectrotic. I did so, in two or three cases, and the application proved successful, so far as leaving no pits wherever the nitrate of silver had been applied, but in cases of a confluent character, I soon discovered that the irritation and pain produced by the caustic on an extended surface, was too severe to become a very desirable application, in the view of establishing its propriety as an ectrotic or abortive.

In the early part of this season, having admitted some cases of small pox into hospital, it was suggested by Dr. Douglas (and to whom, it would appear, it had also been suggested) that a solution of the nitrate of silver, of one drachm to the oz. of water, was the best means to prevent *pitting*, when applied at various stages of the disease, whether previous to or after maturation of the pustule. I resorted to this method, although fully convinced that the sooner the solution could be applied after the appearance of the eruption, the greater the chance of speedily arresting the development. I made the *essay* on two cases—brother and sister—on both of whom, the pustules, then confluencing with each other, had already matured. In the latter, it may be remarked, that the whole body, as well as the mucous membrane of the mouth, throat, and neck, were confluent. In the former, the trunk and lower extremities were discrete. I applied the solution twice, two days intervening; the fourth day after the last painting, I perceived a shrivelling and drying up of the pustules; desquamation spontaneously followed; all constitutional symptoms disappearing; appetite returning; and, in a few days, convalescence established, and when discharged, which occurred two weeks after, scarcely, if any pittings could be discovered.

Shortly after, two other cases—adults—presented themselves in nearly the incipient stage, *i.e.*, the eruptions were scarcely papular; both of which, however, from the constitutional symptoms, would have proved severe cases. The solution was applied twice, and in one, three times—three days intervening. I soon perceived that all inflammatory action, puffing of the face, &c., whenever it had been applied, had been subdued, and apparently arrested; both patients became in a few days convalescent, and when leaving the hospital, the face, neck, &c., bore no appearance of pitting.

I cannot, however, conclude this imperfect sketch of my experience

* An almost endless operation in confluent small pox.—A. V. J.

in the ectrotic treatment of small pox, without remarking that great inattention has been evidenced in the date of the discharge of patients, which may have justified the efficiency of the various modes adopted by many eminent Physicians, whose observations and experience have been devoted to this interesting subject. We ought, in my humble opinion, not to overlook that the warmest advocates of abortive or ectrotic treatment in small pox have merely confined themselves, as I have done, to the appearances of the face and neck, when patients were discharged from under their care, without in the least considering that long after that date, absorption and contraction will, to some extent, follow

ART. XIII.—*Case of Poisoning with Corrosive Sublimate.* By D^r. FRASER, of Windsor, N. S.

On Monday morning, the 23rd April, at one o'clock, I was called to see a patient, who stated that he had drunk, about half an hour previously, some essence of coffee and burning fluid out of a bottle, and which he stated had burnt his throat. He had immediately made himself to vomit with his finger, and felt sure all he had taken had been ejected. As I suspected he had been drinking, I immediately gave him a zinc emetic, which in the course of a few minutes acted briskly. I then ordered him home to bed, for this treatment had been used in the street, as a calamitous fire was at that time raging in the village and every man, woman, and child busily occupied. I was called at five o'clock to see him: he then had some cramps in his legs; but the pulse was good, 80. The cramps were relieved by an opiate and by warm applications. He persisted in saying that it was coffee and burning fluid which he had drunk, as the bottle was labelled and he had himself read it. He continued easy during the day, and about 4 o'clock in the afternoon the bottle itself was found, containing a gill of fluid. It was evidently neither coffee nor fluid, but a highly concentrated solution of corrosive sublimate, commonly used for bug poison, of which the poor fellow had taken a drink. The usual antidotes were then administered.

24th.—Vomited in immense quantities during the night, passed a large quantity of urine and about twenty stools, the last four or five altogether of blood and mucus. No anxiety—countenance natural—no pain over the abdomen pulse, 80, of good strength. Ordered to be kept warm, to have any nourishment he fancied, to have an anodyne and starch injection, and to take three drops of Prussic acid every four hours.

Visited him frequently during the day, vomits every three or four hours but purges less. Ordered an opiate at bed time.

25th.—A restless uneasy night, bowels open twice, stools of a natural appearance, countenance good, pulse 72—skin soft, has passed no water. Vomiting still continuing, applied a blister to the epigastrium; ordered to have a turpentine injection, and to take a diuretic mixture of ether and copaiba, and small doses of opium.

26th.—Dozed a good deal; during the night some twitching of the muscles of the face and arms. Vomits every six hours in great quantities. No mercurial smell about the breath, though the gums look ulcerated; not much thirst; pulse 60; countenance good, no urine passed; more stupor; blister raised well. Continue mixture and enemata; omit opiate.

27th.—Symptoms the same: no urine; passed the catheter without effect. Continue mixture, and have drafts to the feet.

28th.—Blistered surface has healed up; more or less stupor, no anxiety; vomits every six or eight hours in excessive quantities; bowels moved four times, stools of a pasty consistency, and in color resembling the yolk of egg; passed a teaspoonful of colorless urine; penis erected.

29th.—Patient the same; vomits as usual, pulse 60, of fair strength; no urine; bowels moved once.

Another medical man was now called who proposed bleeding, to which I objected, as only tending to hasten that which I thought inevitable, but as the Consulting Physician had, in a loud voice, stated to the patient and his friends that he saw no reason to fear an unfavourable result, whereas I considered the case almost hopeless from the first symptom of suppression of urine, you can easily imagine our consultation ended in nothing. Continued the mixture and ordered a hip bath.

30th.—Evidently weaker; perspired freely during the night; pulse 60; no water; stomach still rejecting all food after six hours retention; mind perfectly calm and collected; some stupor, but easily roused; bowels moved twice; penis erected, and has been so during the last forty-eight hours. Omit medicines.

May 1st.—A tolerable night, but much weaker; pulse 60; breathing deep about ten times in a minute; face calm; mind entire; is evidently sinking. About two o'clock, P. M., passed a table spoonful of colourless urine, and at the same time vomited about two quarts of green soup looking liquid; soon after that refused all drink or nourishment; the pulse kept good up to the last breath. The breathing eventually ceased, or just as a pendulum set in motion by the hand gradually but

regularly comes to a stop, so it was with this poor fellow. He died without a struggle. Just before the last breath he exclaimed "Good-bye all, I'm going."

I was never able to detect any corrosive sublimate in the ejected matter, though the bottle from which the poor fellow drank was carefully analyzed by Professor How, of King's College, Windsor, and myself, and proved by every test to be a highly concentrated solution of corrosive sublimate.

ART. XIV.—*Dysmenorrhœa and sterility, their pathology, treatment and cure.* By J. C. LEE, M.D., of London, Canada West, late Physician and Surgeon to the New York Dispensary; Fellow of the Academy of Medicine of New York, &c., &c.

(Continued from page 131.)

But again, take the opposite condition, where dysmenorrhœa does actually exist, casting off month after month its pseudo-membrane, and we find that the ovaries are sufficiently healthy to admit of an occasional conception, and that during gestation the symptoms of dysmenorrhœa will entirely have disappeared; and not until after parturition and the final cessation of lactation will the pseudo-membrane of dysmenorrhœa again make its appearance.

Such cases we have seen, and we are thereby strengthened in the belief that dysmenorrhœa is an idiopathic affection having its seat in the lining membrane and vessels of the uterus, the remote cause of which would perhaps be very difficult to assign.

It does not appear to be confined to any particular period of life, but the subjects of it may be afflicted during every part of the menstruating period, and both married and single are equally subject to it. Our own experience, however, would lead us to the conclusion, that amongst ladies of respectability generally, one of the most common causes of this disease, is cold during the menstrual flow, or taking cold immediately after an abortion.

But, in many instances, it has been known to follow the consummation of marriage, as has been well observed by Dr. Tilt, and we fully agree with him that with women of the town it is one of the most common diseases.

This would seem to confirm the belief that a too frequent sexual intercourse, is a fruitful source of this painful affection. That the same cause should occasionally operate upon newly married ladies of respectability would not appear strange.

From whatever source, however, this disease may be derived, it is quite certain that it has its seat within the cavity of the uterus, and that by proper remedial measures it is capable of being effectually cured, leaving the womb as capable of conception as if it had never been the seat of dysmenorrhœa.

The view has been entertained that this disease was of a rheumatic character, and was consequently treated with colchicum guaiacum, &c., as in other rheumatic affections; but these remedies appear to have possessed but little or no influence over it.

Again, it has been supposed that it was caused by a hard and thickened condition of the os and cervix uteri, producing an obstruction of that orifice. And this led to the practice of introducing the bougie for the purpose of dilating that part, hoping thereby to give free vent to the membrane and menstrual fluid; (Dr. McIntosh's favourite remedy). Though this suggestion was rather an injurious one, it does not appear to have had many advocates, and we think it cannot at least be more than a mere palliative treatment, as it would not remove the cause of the disease.

From what has been said we are led to the conclusion that the lining membrane and vessels of the uterus, while laboring under dysmenorrhœa, are in a morbid condition. That they should, therefore, be constantly secreting lymph during the month, would not be improbable. And that lymph should become organized into a membranous formation, is quite as probable.

At the return of the regular monthly secretions, the uterine muscles are called into action; by the contractile powers of which, this pseudo-membrane, (together with the menstrual fluid and more or less blood) is expelled.

When this fails to take place, and the membrane is retained after the discharge of the menstrual fluid, then the organization of this membrane is continued, until it at length becomes fully organized into the form of a polypus or fibrous tumor.

If we trace back the history of all cases of polypi, fibrous tumors, hydatis, or of false conceptions, we cannot fail to conclude that they had their origin in dysmenorrhœa.

We do not pretend to make this assertion as an undeniable fact, but as an opinion based upon a large experience in this class of disease; and in order the more fully to illustrate and strengthen it, we would refer the reader to a case of "Fibrous Encysted Tumor of the Uterus," extirpated by us, and reported in the American Medical Gazette and Journal of Health, New York, March, 1855.

In that case, the patient was thirty-six years of age, and had been six years married without issue. From the age of puberty until about a year previous to the extirpation of the tumor, she had been harassed with membranous dysmenorrhœa. Here the tumor seems to have held the same influence over the uterine secretions as is found to exist in genuine impregnation.

As it increased in size, the dysmenorrhœal pains diminished in severity, as well as the menstrual flow in quantity. And finally, after the extirpation of this tumor, (which had now acquired a size nearly equal to that of a foetal head, and which could only be accomplished by an incision of the os, and puncture of the sack, she was restored to her wonted health; the uterus performing its catamenial function with regularity, and without pain or pseudo-membrane.

The sac of this tumor, together with another of the same character, though of a solid formation, we have now in our private museum. In both of these cases the females had been previously afflicted with dysmenorrhœa, and in both was the disease effectually eradicated by the removal of the uterine tumors.

From what has been said, it is quite evident that females laboring under dysmenorrhœa are not likely to conceive whilst such disease exists; yet numerous instances might be quoted from our case-book, where, after years of *sterility*, (while affected with this disease), the same ladies have been effectually cured, and afterwards have given birth to healthy living children.

Treatment of Dysmenorrhœa.

The treatment of this distressing malady, so far as we have yet been able to learn, has been very unsatisfactory, being for the most part merely palliative; such, for instance, as anodynes, counter-irritations, &c., all of which appear to be indispensable for the relief of the primary pains, but do little towards effecting a radical cure.

To relieve the primary symptoms, we have generally been in the habit of prescribing opium, with camphor, in the form of powder. This, in conjunction with the warm hip-bath, seldom fail to give immediate relief.

With a view to a radical cure of this disease, we have proposed the following course of treatment, which has in numerous instances been successfully carried into practice.

At the approach of the monthly paroxysms, the patient is advised to take a warm hip-bath, and go to bed. We then administer the camphor and opium powder as follows:—R Pulv. Opii, gr. i.; Pulv. Camphor, gr. x.; *m* ft. Pulv.

Next the glass speculum is introduced, through the calibre of which, a sponge, well charged with belladonna ointment is passed, and placed in contact with the os uteri. The sponge should have a tape passed through it in the form of a loop, by means of which it can be withdrawn without difficulty. The speculum is now withdrawn and the sponge retained.

The ointment is made after the following prescription:—R. Ext. Belladonna, ʒ i. vel ʒ ij.; Cerat. Simple, ʒ i.; *m ft.* Ung.

It may be well to observe, that some patients are much easier influenced by the belladonna than others. So that it will be safer to commence the treatment with one drachm to the ounce, and increase the strength, as may be found necessary.

We have occasionally found the pupil uncomfortably dilated from the free use of the ointment at the strength of two drachms to the ounce; but not so with the weaker preparation. On the following morning, when the sponge is withdrawn, it will be followed by a quantity of the membranous shreds, together with the menstrual fluid, and more or less clots of blood.

If in the use of this ointment, we should be so unfortunate as to mistake an impregnation for dysmenorrhœa, a miscarriage would undoubtedly be the result. This, of course, we should use every precaution to avoid. If the finger be passed after the withdrawal of the sponge (even where no miscarriage has taken place), the os will be found to be considerably dilated, and the patient free from pain; and generally will require no other palliatives during the continuance of the present menstrual flow.

Should the pains, however, return, it would be advisable to resume the use of the sponge and ointment as before. And the vagina should be daily cleansed by injections of tepid water.

At the expiration of from three to five days, the menstrual secretions will have passed by, leaving the os and cervix considerably dilated. During this condition of the os, a flexible catheter can without difficulty be introduced, which will afford ample opportunity for injections to be passed through it into the cavity of the uterus; and thereby excite a reaction in the mucous membrane, and vessels of that organ.

Now, we are cautioned by Ricord not to attempt injections of nitrate of silver, &c., into the cavity of the uterus, as fearful inflammation and hysteritis would, in all probability, be the result. Nevertheless, we have for years been in the habit of injecting a filtered decoction of soot; after a formula from Dr. Lablanche, of Bellegrade, France, published in the *Maryland Medical and Surgical Journal*, January, 1840, as fol-

lows:—Take of Soot of Wood, 2 handfuls; Pure Water, i. lb.; Boil for half an hour, and strain.

This preparation we have used freely as an injection, and we have never yet seen any evil consequences arising from its use.

Dr. Lablanche relied greatly upon this remedy as a lotion in tinea and herpetic affections, as well as an injection in chronic leucorrhœa. But to return to the practice we have generally adopted, and which has in most cases proved successful. The patient is at once put upon an alterative course of the bichloride of mercury, after the following formula:—℞ Ext. Sarsaparill Comp.; Ext. Conii, a.a. ʒss.; Aquæ Glycyrrhiz, ʒvi.; Alcohol, ʒij.; Bichlorid Hydr., gr. i.; Ol. Gultheriæ, q. s., to produce an agreeable flavor.

The bichloride and gultheria, should be properly dissolved in the alcohol before adding them to the mixture. Of this mixture we order a dessert spoonful to be taken morning and evening.

As a local treatment in conjunction with the above alterative, we recommend that the cavity of the uterus, be properly cleansed by injections of tepid water. This is immediately followed by injections of the decoction of soot, as above stated. Or we have more recently used a solution of creasote, three drops to the ounce of water, with the same success. The injections should be repeated once a day during the entire interval previous to the next menstrual flow. When that eruption again takes place the injections should be discontinued, until its entire cessation. After which the operation should again be resumed and so on from month to month until a cure is effected.

It will be rarely necessary to continue this course of treatment past the second or third month.

It may not be amiss here to observe that we have generally found a great change in the appearance of the discharge, at its return after the first month's treatment.

Instead of shreds of membrane as before stated, we have now an albuminous discharge, at intervals between the regular monthly flow which very generally gives place to the regular catamenia of a healthy character, on the third month after the commencement of the treatment.

Although we have used the decoction of soot and the solution of creasote with very great satisfaction and success; nevertheless we have no doubt, but that a solution of nitrate of silver or of sulphate of copper, would either of them be equally serviceable. For we cannot be persuaded to believe with Ricord that there is generally that fear of inflammation and hysteria which he so strongly apprehends.

We know that if any stimulus of a disagreeable character, were to enter the *fallopian tubes* it would, in all probability, be communicated to the peritoneum, in which case fatal consequences might be anticipated. But we are inclined to believe that the mouths of the fallopian tubes are only open under the height of venereal intercourse, and that any disagreeable stimulus would have the natural tendency to cause a rigid closure of those orifices. And that, therefore, the lining membrane of the uterus, will bear with impunity any fluid that would be admissible as a colyrium in chronic conjunctivitis.

It will be highly important during the intervals to examine into the condition of the general health, whether plethoric or debilitated, as in the former case depressing medicines and low diet would be required. Whilst in the latter, a reverse course of treatment would be necessary, requiring tonics and a generous diet.

The bowels should, in all cases, be carefully attended to, that the patient be neither costive, nor too much relaxed. All active exercise should also be forbidden, and near the approach of the menstrual flow, the recumbent position should be advised.

By a strict adherence to the plan of treatment above described we can with much confidence state, that we believe very few cases of dysmenorrhœa will fail to be permanently cured.

ART. XIV.—Compound comminuted Fracture ; Amputation ; Ligature of Femoral Artery. By J. A. GRANT, M. D., Ottawa City.

On the 9th inst, at an early hour in the morning, I was requested by Dr. Allan of Metcalf village, Osgood, to meet him in consultation, and accordingly was at the appointed place, a distance of thirty miles, a few hours after receipt of notice.

CASE.

August 6th 10, A. M.—J. M. C. a farmer, of middle stature, while engaged in felling a tree, it, when almost separated from the stump slid off, descended perpendicularly upon the foot, fracturing the tarsal and metatarsal bone in various directions and wounding the dorsalis pedis artery. Shortly after receipt of injury Dr. A. was present, arrested the slight hemorrhage from lacerated vessels and dressed the parts. Upon my arrival *third day*, found greater part of foot gangrenous, also lower third of leg in a similar condition. No tendency towards the formation of a line of demarcation. At this period constitutional irritation was well marked, increased arterial action, thirst, heat of skin, slight restlessness

and previous night indications of delirium were manifest. Having resolved upon amputating, I, at the request of patient, with the consent of Dr. A. performed the double flap operation at lower third of thigh; three arteries tied, lost very little blood during the operation; edges of wound were then brought together with sutures and adhesive straps applied after the lapse of some time. Patient being left in Dr. A's. charge I returned home. August 14. Again called upon, secondary hemorrhage having supervened the day previous. Upon arrival found a most deplorable condition of affairs, patient pale, almost exsanguine and very anxious, pulse small and compressible, tongue dry and brown towards the centre, considerable restlessness. The tourniquet had been very judiciously applied but previously a quantity of blood had escaped unobserved by the attendants. Cold was assiduously applied to stump and tourniquet gradually slackened, being unable to bear the continuous pressure. Notwithstanding this precaution, blood continued to ooze from stump. During the night pressure was kept up at intervals and cold as formerly. 15th 9, A.M. Hemorrhage having again occurred upon removal of pressure which could not be endured, the vessels were secured in situ as follows. Sutures being removed, the flaps immediately gaped exposing a large intervening clot, this being displaced with a quantity of decomposed tissue, ligatures were passed around the vessels whence the bleeding appeared to originate, taking the precaution of placing them well up in order to escape disorganized tissue. After the removal of pressure, bleeding being arrested, the parts were again brought together as formerly.

State of parts previous to interference.—Flaps, cold, flabby, much swollen, their line of apposition marked by a dark scar extending upon either side about half an inch, and retaining the sutures. No adhesive tendency in their edges. No effort towards plastic exudation. An hour after the parts were re-arranged, bleeding again returned, evidently proving that the vessels had also partaken in the surrounding disintegration. Every drop of blood being now necessary towards the prolongation of life, and he being unable either to undergo a second operation, or even bare the necessary pressure, I ligatured the femoral artery in the following manner. Patient being placed on his back and thigh slightly rotated outwards, so as to expose its inner and anterior surface, an incision three inches in length was made in course of vessel commencing about a hands' breadth below Poupart's ligament. The integuments, superficial fascia, and fascia lata being divided, a few fibres of sartorius muscle which presented were drawn aside. The sheath of vessels being next exposed by a slight manipulation, was also divided and

the artery secured by passing a ligature around it, from within outwards, avoiding the femoral vein. Wound being dressed patient was left in charge of Dr. A. From this date to 23rd, when I again visited him, continued to progress slowly. No recurrence of hemorrhage. Great portion of flaps sloughed, about two inches of bone denuded of periosteum and a profuse discharge from stump. Dr. A. during my absence observed the case closely and applied the necessary dressing. Notwithstanding every exertion he continued gradually to sink (although nourished by porter and broths) and expired on the 28th, hectic having supervened several days previous to death.

REMARKS.

The object is not to discuss the question of amputation, but merely to state a few reasons for adopting the steps taken in the above case. Here is an instance of traumatic gangrene spreading rapidly upwards towards the trunk. "The only hope of escape in such cases is by early amputation." Where gangrene says Mr Guthrie, is rapidly extending towards the trunk of the body without any hope of cessation, the operation is to be tried; for it has evidently succeeded when death would in a few hours have ensued."† According to Larry and Lawrence the practice of operating at an early period is strongly advocated.

"It is an important rule that you should be guided in choosing the time for amputating, not by the formation of the line of demarcation which has been too much insisted on, and which I have, perhaps, myself too often waited for, but by the general condition of the patient."‡

On the other hand "So far as my experience is concerned, I believe that amputation should on no account be performed, so long as gangrene is in progress, whatever be its cause."§ "Although educated in these latter doctrines (*i. e.* early amputation, &c.) and strongly prepossessed in their favor, I feel bound to say that having acted upon them repeatedly, and having seen others do the same, the success has been very different from what I anticipated."||

Taking into consideration that the period for primary amputation had been allowed to pass, also that there still remained an opportunity of attempting to prolong life, substantiated by numerous cases which might be brought forward, in order to prove the success of such practice, amputation, under these circumstances was accordingly performed. Doubtless there is great difficulty in ascertaining how far gangrene will progress, or where a line of demarcation will form. In the present case,

* Miller's principles, p. 259.

† Drucits Surgery, p. 104.

‡ London Lancet for 1855 Vol. 1, p. 479. Syme.

§ Chelius, by South. Vol. 1, p. 95.

|| Fergusson's Practical Surgery, p. 112.

reflecting on the rapid transition, the (*lost*) state of tissue vitality, also its sudden extension to the trunk, there is every probability that a further retention of the limb, in its present state, would exert a doubly deleterious influence. 1st. Constitutional effects. 2d. An involvement of structure too great; thus placing him undeniably beyond the pale of operative interference. After the removal of limb, constitutional symptoms decreased with most surprising rapidity. The pulse sank in a few hours to near its ordinary standard, sleep which had been restless the previous nights, was composed and refreshing, his very countenance indicated the beneficial effects resulting from removal of an exciting cause. However only a temporary arrest was exerted towards a further dissolution of the vital affinities.

No circumstance can be more harrassing to the practitioner or alarming to the patient than the occurrence of secondary hemorrhage, particularly after the lapse of some days. The ordinary means of arrest failing, inflamed parts require to be disturbed, thus increasing pain and retarding union. An entire want of adhesive inflammation was here quite evident. Instead of the effusion of coagulable lymph, the parts remained seemingly quiescent for a time, then developed a further extension of incipient gangrene. Styptics, cold, pressure, and an application of ligature in situ all failing to produce the desired effect, deligation of femoral artery was accordingly performed, under very unfavorable circumstances. In cases where the destruction of tissue is so great as to be beyond the power of nature to repair, the practical remark of Hennen is—after occurrence of accident, the operation is to be performed “with as little delay as possible.”—(*Chelius, by South, p. 346. Vol. I.*)

Ottawa, August 30, 1856.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXIV.—*On the diseases of infants and children.* By FLEETWOOD CHURCHILL, M.D., M.R.I.A., Hon. Fellow of the College of Physicians, Ireland; Hon. Member of the Philadelphia Medical Society, &c., &c. Second American Edition, enlarged and revised by the author. Edited with additions, by WILLIAM V. KEATING, M.D., A.M., Physician to St. Joseph Hospital; Lecturer on Obstetrics and diseases of women in the Philadelphia Medical Association, &c., &c. Philadelphia: Blanchard & Lea. Quebec: Middleton & Dawson. Montreal: B. Dawson. 1856. Pp. 735.

This excellent treatise consists of two parts. The first is devoted to the management of infancy and children, and the second to the diseases of these same stages in life. The first comprises five chapters which are taken up with preliminary observations; management of birth; food; cleanliness; air and exercise. It extends over 70 pages. The remainder of the volume is occupied with the second part which is divided into eight sections, upon diseases of the cerebrospinal system; of the respiratory system; of the heart; of the digestive system; of the skin; of eruptive fevers; of fevers; and of infantile syphilis. Under these, except the last, subdivisions occur, in which are described the various species of diseases peculiar to each. The arrangement thus effected is both, simple and complete; and affords a favorable token of the attention displayed in the subsequent descriptions. These, upon examination, bear witness to the possession by the author, of an unusual share of erudition, he has, moreover, derived his knowledge from, we should say, every available source; and consequently has conducted his labours through a very extended series of monographs and periodicals the names of which are given in an appendix that takes up 9 pages of fine print. We can, therefore, readily believe the confession made in the preface, that much of the work was done "at hours which are usually devoted to rest." The profession, however, have been benefitted by this self-sacrifice, and the writer has for his solace the pleasing reflection that he has presented them with a judiciously assorted exponent of the present literature upon the subjects of which he treats. But there are even yet higher claims which his work possesses to notice. For there are portions in the ordinary accounts of such matters, as contained in former productions, that have not been amplified to an extent commensurate with their importance; to them the author has devoted special attention and gone far to supply the void thus offered. As an example, we may instance the sequelæ of diseases or the secondary disorders that often arise out of primary ones in their course or towards their termination. They have the stronger claim on our appreciation, because, as is justly observed, "they complicate and often confuse the symptoms of the primary affection, always seriously increase its danger, and often render it hopeless of cure. Their early detection, or what is far better, their anticipation and prevention, forms a very important part of the physicians duty; and I have endeavored as far as I could to facilitate this object by carefully noticing both the complications, to which each disease is liable, and the primary disorders to which it may become secondary." Several other points of originality might be exhibited, were it necessary, but it may suffice to observe that throughout the

text are frequent statements of the author's own experience, records of the prevalence of certain diseases, the peculiar phases he has observed them to have presented, the treatment which may be particularly considered to be his own, &c. And thus, has he accomplished not only much more than his predecessors in the same arena, but he has performed all and more than all that could be consistently expected from one harrassed with "the distractions of professional business," besides multifarious other causes of an equally engrossing character.

It would be difficult to signify the vast labour which has been expended upon the very valuable production above noticed, unless by illustration. We may remark, then, that in one single page no less than 35 authorities are quoted from—in which this number of citations are made of distinct cases of chronic hydrocephalus, p. 162. Each of whom, from the annexation of the references, we infer the author has personally consulted. Again, in the introduction to the article on croup, in about three-fourths of a page, fully 40 separate names are given of persons who have described the disease, and the year when each did so, is also appended. Research such as this, is evinced proportionately throughout the entire work and justly entitles the latter to the character of an *Encyclopædia on infantile diseases*.

The subject of complications as we have before stated is the next peculiarity in the work that calls for commendation. As an example in proof we may take those of scarlatina as described by Dr. C., after speaking of the variations to which they are liable, and the causes by which these are modified, he proceeds to describe at length, the following special kinds:—Affections of the mouth as muguet, aphthæ, ulcerated sore mouth, and cancrum oris; pharyngitis; gastro-enteritis; coryza; laryngitis; pneumonia; cerebral affections, including delirium, headache, stupor, convulsions, coma and paralysis; diffuse inflammation and glandular swellings of the neck; dropsy, upon which an ample digest of the literature on the subject is presented; ophthalmia; otitis; hæmorrhages; vaginal discharges and other sequela of a more promiscuous character.

And, lastly, as an instance of the authors own experience, we may take the example furnished in the chapter on dentition, which will be found, when read, to amply repay perusal. It is well known that some of the first physicians are at variance as to the propriety of lancing the gums. Dr. M. Hall and R. B. Todd, to wit., by one of whom it is extolled as a super-excellent expedient always to be adopted; while by the other this treatment is condemned as "the abominable practice." In this glorious uncertainty on a practical point, it is comforting to have

such an authority as Churchill, to quiet our doubts and fears. He then, openly and boldly, professes himself an advocate for free scarification. After promising several sound directions of his own as to the performance of the operation, he remarks, "a slight scarification of the gums for the relief of teething is of no use whatever; they must be cut down until we feel the lancet touch the teeth, and to the full extremity of the gum and a little further." He recommends in some cases crucial cuts, and if necessary frequent repetition: he adds, "I had a case lately in which I was obliged to use the lancet thirty or forty times, each tooth requiring several operations, and the suffering continuing until all were cut. From this case and some others like it, I am inclined to believe that there is an irritation of growth as well as that arising from the resistance of the gum, for the latter I took care to remove or cut." To impress the due pathological bearing of mis-dentition he offers a number of valuable observations, and concludes by saying, "I would beg my junior readers to bear in mind that many diseases which prove obstinate in infancy and childhood, but which originated quite independent of dentition, may owe their persistence to an excess of teething arising during their course, and that we shall fail in curing them unless we first relieve the gums."

XXV.—*A review of the present state of Uterine Pathology.* By JAMES HENRY BENNET, M.D., Member of the Royal College of Physicians; Physician-Accoucher to the Royal Free Hospital; formerly House Physician (by Concours) to the Hospitals, St. Louis, La Pitie, and la Salpetriere, Paris; author of a treatise on *Inflammation of the Uterus,* &c., &c. Pp. 75. 1856. Philadelphia: Blanchard & Lee. Montreal: B. Dawson. Quebec: Middleton & Dawson.

In this review Dr. Bennet examines critically the objections which have been advanced against his theory respecting uterine pathology.

To the practitioner who has had an opportunity, even a limited one, of observing uterine cases, it seems perfectly unaccountable that there should be men in the profession who absolutely deny the existence of inflammatory ulceration of the neck of the uterus. Were these men of small note or limited practice, their ignorance might fairly be placed to such account, but when we meet, among the most pertinacious objectors, with a name like that of Dr. Robert Lee, whose experience ought to be second to no other in Great Britain, it is, we repeat, unaccountable. If we know what ulceration consists in, and if our sense of sight be not

particularly defective, we can speak positively as to the existence of undoubted ulceration of the cervix uteri in Edinburgh, Dublin, and Canada.

Dr. Bennet next passes in review the leucorrhœa theory, the syphilis theory, the ovarian theory, and the displacement theory; and closes with a chapter on the use and abuse of the stronger caustics, in which he justly condemns the indiscriminate employment of this powerful class of remedies. "The conditions of local uterine disease," he remarks, "in which I consider that potassa cum calce may be used with advantage, are—*intractable* chronic inflammation, or inflammatory ulceration of the mucous membrane covering the cervix uteri, or lining the cervical canal; chronic inflammatory hypertrophy of the cervix; and, lastly, chronic inflammation of the body of the uterus, in which form of disease I merely apply the caustic potash to the cervix, to produce a derivative issue." With regard to the amount of action desiderated in the application of the caustic in various pathological conditions, he says:—"In chronic ulcerative disease, the caustic should only be lightly applied, the object being merely to renew the surface of the sore. In chronic hypertrophy, the object in view is rather different. It is not the destruction of the hypertrophied tissues which is desired; but the production of a state of increased vitality, bordering on inflammation, in these tissues, under the influence of which they soften and melt. This result is produced by the mere formation and elimination of an eschar, the size of a shilling, and a few lines in depth. It is certainly quite unnecessary to destroy any amount of diseased tissue, as has been recommended since I first introduced the plan of treatment; such a course greatly aggravates the importance and risk of the operative process, without any equivocal benefit arising to the patient. If the softening and melting of the indurated and hypertrophied cervix does not take place entirely on the first application, it may be repeated several times on different regions of the cervix, at intervals of four or six weeks. Although a more tedious mode of proceeding, I am convinced that it is a more safe one than the extensive destruction at one sitting of the indurated tissues of the cervix uteri, advised by some who have adopted the practice."

XXVI.—*Medical Jurisprudence*. By ALFRED S. TAYLOR, M.D., F.R.S., Hon. M.D. Univ. of St. Andrews; Fellow of the Royal College of Physicians, and Lecturer on Medical Jurisprudence and

Chemistry in Guy's Hospital, London. Fourth American, from the fifth and improved London edition. Edited, with additions, by EDWARD HARTSHORNE, M.D., one of the Surgeons to Wills' Hospital, &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1856. Pp. 697.

We are again called upon to notice another edition—the fourth American from the fifth London—of Dr. Taylor's work on Medical Jurisprudence; and we have pleasure in referring to the various addenda which it possesses over former copies. It contains numerous new cases, of which the daily commissions of multifarious crimes are too certain to insure an enormity. Their records have been sedulously scanned by our diligent author, and severally appropriated to the wants of his readers. There are many fresh instances of poisoning, especially of poisoning by hydrocyanic acid, morphia, aconitina and strychnia, which, together with the old ones, contribute to illustrate the most characteristic features of cases like these, that carry with them such an absorbing interest to the purely scientific mind. Next the attention is arrested with sundry novel incidents on infanticide, and the void formerly left empty in this measure of iniquity is undertaken to be supplied. On both these topics, so interesting to the physician, and revolting to the moralist, toxication and child-murder, yet further accessions have been inserted. Chronic poisoning has been more largely discussed, and different improvements described in the processes for performing analytical inquiry of a chemical order. That such has been much needed, may be exemplified by a single specimen; and one of which the profession have been lately painfully apprized, perpetrated as it was by one of their own members. Probably until public inquiry had so thoroughly sifted the matter, it would not have been admitted that the tests for strychnia were so difficult of execution, and so exceptionable in expression. This new book also exhibits a full revision of the medical evidence on matters allied to proicide; to wit, respecting gestation. We think medical jurists will agree in the opinion that this is also a desideratum not lightly to be esteemed. Perhaps, however, no chapter has had so much ingrafting as the one upon wounds. There, may be identified additional "illustrations of ecchymoses or bruise stains, the production of wounds by falls, the distinction of accidental from homicidal, the influence of articles of clothing in modifying the appearance of personal injuries, the direction of wounds as furnishing evidence of their origin; microscopical and chemical examinations of the clothes and weapons especially in reference to the detection of blood, the distinction of human from animal blood, the concealed causes

of tetanus and cicatrices from diseases or wounds." Presenting together, in only one article, a collection of subjects from which had but a few been chosen, they might have been enough to have given a character of newness to a recent edition. The writer, however, evidently is not a mere book-maker, for his innovation is truly an improvement and not a monotonous repetition. Nor does the work merely reflect the passing declarations of others; while this cannot but be perceived by even a cursory observer, it is also conspicuous that the facts have been duly weighed, nicely examined, and specially digested. We had forgotten to mention that, with the foregoing are embraced contributions on survivorship under severe wounds of the heart and injuries of the head; on the question of spontaneous combustion, as well as other matters of probably minor importance. New communications have likewise been annexed to the original sections upon insanity, drowning, hanging, strangulation, and suffocation. And lastly, in the way of further addenda, several annotations have been inserted by the American editor, Dr. Hartshorne, which will be recognized by being included between brackets, and ending with the initial letter of this gentleman's name. In extension of his labours he has also omitted several unimportant notes and condensed those that are retained to prevent the volume attaining an inconvenient bulk. Altogether this edition contains about 100 additional pages.

It may be agreeable to the former patrons to know that "Taylor's Medical Jurisprudence" maintains its popularity as the hand-book on this department of medical science, and that its sale has been singularly extensive, for 10,750 copies have been issued since November, 1843.

XXVII.—*The Practitioner's Pharmacopœia, and Universal Formulary*; containing 2000 prescriptions, selected from the practice of the most eminent British and Foreign Medical Authorities. With an Abstract of the three British Pharmacopœias, and much other useful information for the practitioner and student. By JOHN FOOTE, M.R.C.S., London, formerly Surgeon to the Chelsea Hospital, St. Heliers, Jersey. With corrections and additions by an American Physician. 1855. Pp. 390. New York: Samuel S. & William Wood. Montreal: B. Dawson.

In Foote's Practitioner's Pharmacopœia is to be found a number of excellent formulæ for the administration of various medicines, sanctioned by the names of men eminent in the profession, which cannot but be

of great service to the novice at prescribing. Besides these, however, it comprises a brief sketch of the symptoms and treatment of certain accidents to which the human frame is liable, and also of the management of cases in which poison has been accidentally or purposely administered. We can cordially recommend the work as one which will be extremely useful to the general practitioner.

CLINICAL LECTURE.

Puncture of the Bladder. By E. A. LLOYD, Esq., F.R.C.S., Surgeon to St. Bartholomew's Hospital.

(*Medical Circular.*)

GENTLEMEN,—On the last occasion I spoke of puncture of the bladder above the pubes, but could not go into all the points of it; one in particular, for our want of time, was omitted—one that ought to be considered by all who have to perform the operation when necessary, that is, of the safety or danger of performing the operation above the pubes, from the contiguity of the peritoneum. Some gentlemen maintain it is impossible to puncture the bladder above the pubes without wounding the peritoneum. I am not of that opinion, and if I was I would not do it. Now when the bladder is full it has got no peritoneum in front of it, but when empty it contracts, and the peritoneum goes down with it, and then without care in puncturing above the pubes the peritoneum might be wounded, but when it is distended there is no danger of wounding this membrane above the pubes. I will show you this the first opportunity in the dead house. If there was such danger in the operation I would decidedly, as I stated before, not do it. It is taught by some surgeons that the peritoneum is sure to be wounded in the operation above the pubes. This is stated in print. So far as wounding the peritoneum is concerned, some surgeons think it of no consequence, but I do. I am certain, however, the bladder may be punctured in this situation without injury to the peritoneum. If you make a large incision on any part of the abdominal parietes without wounding the peritoneum, it will not comparatively signify. but a smaller wound, with injury to the peritoneum, is always dangerous. If you puncture the peritoneum at all in this situation you puncture it twice. I do not believe that any one would feel at his ease if he believed that urine was escaping into the cavity of the peritoneum, which it would do if the membrane was punctured. The urine would be certain to insinuate itself by the sides of the canula or tube, and death would almost necessarily follow. Now I told you how this operation was performed; danger is prevented by an incision from one to one and a half inches long above the pubes, feeling the bladder and passing the instrument in, and, so proceeding, the peritoneum will not be wounded. I have done it for years without any infiltration, peritonitis, or other bad symptom: I have also seen Mr.

Abernethy do it. The peritoneum is, therefore, never wounded in the operation of puncture above the pubes, common care being taken in its performance. Always remember that the trocar should be thrust into the bladder immediately above the pubes, and you will have no reason to repent of your operation. Some surgeons say, patients die of peritonitis from this operation, but by them you are recommended to use an instrument five inches long, and leave it in the bladder (some such Mr. Lloyd exhibited), which is sufficient to produce peritonitis. Others say you must leave it in and I cannot wonder such persons should have unsuccessful cases, but if the operation be done as I recommend, there will be no danger likely to ensue. I once knew a case in which the operation was performed, and a long metallic tube left in the bladder. On the third day after the patient died of peritonitis. At the post-mortem examination it was discovered that the tube had passed by ulceration through the coats of the bladder, and was progressing some way into the coats of the peritoneum. I will next describe the operation of puncturing the bladder through the rectum, although I prefer that above the pubes, but there are certain cases where it is right and proper sometimes to operate through the rectum. I think Mr. Cook who published a paper recommending this operation, has acted very wisely and conferred an obligation in bringing the subject before the Profession. Sir Astley Cooper punctured the bladder through the rectum, and Mr. Abernethy above the pubes; the cases were very fortunate in their hands. I do not consider the operation of puncture in the rectum very dangerous. Some persons recommend that you should do it very high up. Now, in my opinion, the most suitable situation is in the median line, a little beyond the prostrate where you first feel the distended bladder; directly resistance ceases, partly withdraw the trocar and pass on the canula. If your trocar is large, which it had better be, pursue the plan I recommended in operating above the pubes; that is, introduce through it an elastic tube, and withdraw over it the metallic instrument. There will not then be a chance of subsequent danger. There is no difficulty in the operation with ordinary care, but I consider there is just as much danger of wounding the peritoneum in this situation as above the pubes as I have seen the peritoneum closely adherent to the prostate. I was asked one day by an eminent surgeon, how the instrument was retained during the act of defæcation. It is a difficult thing to do this, but the plan I adopt is to tie a silk ligature to each of the holes, at the outer extremity of the tube, and attach it by means of a needle to the folds of integument, close to the rectum; there is no mischief or additional pain from it, I never used any bandages to keep it in. Suppose you were to operate in the country, in a union case, and suppose your instrument slips out, the bladder will fill again; but if the instrument, and that an elastic one, had been left in, you would know everything is going on well, and convalescence may occur in a few days. Of course you may have other cases in the country to interfere with your constant attendance in such a case as we are considering, and if you do not properly fasten your instrument there will be much inconvenience, and possibly on your second visit your patient may be dead or

dying; so I advise you to use effectual measures to fasten in your instrument.

Now, I promised at the last lecture to detail another case of puncture of the bladder above the pubes. It was a most unfavourable case, but the event proved it was right to do it. I will narrate the case briefly; Mr. Skey mentions it in his book. A celebrated vocal performer had had structure for many years, and repeated abscesses in the perineum, with several sinuses through the scrotum, perineum, groin, &c.; he had been under the care of a number of celebrated surgeons for some years, and at length was in such a miserable state that Mr. Abernethy proposed puncture of the bladder above the pubes. I was his house-surgeon at the time, and went with him as his assistant. The bladder was not much distended, but he was constantly passing water with great pain, it was considered the means most likely to relieve him. He was so bad otherwise, he would have destroyed himself. Mr. Abernethy cut an inch above the pubes downwards, till he felt the bladder, and once feeling it, he took a common trocar, such as is used in paracentesis abdominis, and thrust it against the bladder two or three times, but without effect, for the bladder being nearly empty it receded from it. He then employed a double-edged scalpel, punctured the bladder, and tried to pass an elastic catheter into it, but could not distinguish the opening; he then made me try, and I passed it readily. Being a flexible catheter, it bent, and a considerable portion was left in. The next night was a delightful one for him; he was in greater ease than he had been for years. The catheter was left in for eight or ten days, and when we took it out, which was accomplished with great difficulty, it was covered with phosphatic incrustations. Another was put in, and after a while a silver one, and he used to draw off his own water himself when necessary, now escaping by the old sinuses. Subsequently symptoms arose that it was thought there was a calculus present, and it was intended to investigate this point, but in the meantime he died; he had lived, however, some two or three years in comparative comfort. After death the bladder was examined; but he had improved, as far as the stricture was concerned for some time before this. He died on the 15th and was examined on the 17th of April, 1821. General appearances of abdomen healthy; a large abscess in the right kidney, the contents of which were in communication with the pelvis of the kidney; left kidney tolerably healthy, a little matter only secreted by the mucous membrane of its cavities; ureters natural size; bladder *in situ*, closely contracted under the pubes; prostate gland enlarged and firmly adherent to rectum and surrounding parts. When the bladder was removed, and incised along its under surface, the coats were found thickened, but of natural density, the peritoneum freely adherent to its under surface, and extending under the margins of the prostate.

In this case you must have wounded the peritoneum, if the bladder had been punctured through the rectum. A little before this I examined a patient with Mr. Langstaff, with a similar condition. In the cavity of the bladder was a stone the size of a pullet's egg, another the size of a horse-bean, and two smaller ones. The calculi were composed of uric

acid, heavy, the urine used to be loaded with that; the centre of the bladder was more vascular than natural, and of a darker colour, but not more so than is usual where a stone has existed for some time. The urethra was hard but free from any active disease; the stricture comprised one eighth of an inch. It was situated just in front of the bulb, and here we might profitably discuss with advantage the most frequent seat of stricture, but time will show it. At the point of stricture there was no connexion with the external sinuses, a very important fact notwithstanding there were so many of them, and they were all traceable to the prostate, and had probably commenced in an abscess in that organ, and this would account for the constant leakage that there was from some of the sinuses. And here let me strongly impress on you that when there is any weight or uneasiness about the prostate gland, it is most important to attend to this symptom, as I have already told you in my lectures on gonorrhœa. One of the calculi was contained in a separate cavity, formed as it appeared between the inner and muscular coats. Now this condition has been found in many patients in this hospital sometimes between the inner and sometimes between the outer and muscular coats. That this cavity was the remains of an abscess was most probable because its bottom communicated with a sinus in the perineum. The probability is, if an operation had been performed in good time for perineal fistula, a cure might have been accomplished, that is, before the formation of stone. Were calculi in any way attributable to fragments that might have broken off the incrustated catheter when first extracted at the end of ten days?

This is a most interesting case, and I have stated in my work on "Scrofula" that I have traced many of these sinuses to disease of the prostate itself. I have had in this hospital cases of fistula in perineo operated on and breaking out again, the sinus not having arisen from the strictured part, but from sources nearer the bladder itself. I have seen instances where potassa fusa and other caustics were employed, but without permanent benefit, the urinary fistula soon recurring. In one case of this kind the patient married, but to the day of his death the opening remained with passage of water through it. Therefore I am always very careful in these cases; but if you use potassa fusa, a red-hot iron, or divide the sinus, unless you reach this source, you run a great risk of doing more injury than good.

In regard to opening the urethra,—the membranous part of it, and passing an instrument into the bladder, I cannot say much in its favor; I do not confound this with Mr. Syme's operation, which is extremely useful in properly-selected cases. Or if you have infiltration of urine from stricture, you divide that which is perfectly justifiable, and a different thing.

But the operation of cutting into the membranous portion of the urethra for retention, I neither practice nor recommend. It is, I consider, the least appropriate operation for cases of retention. There is always liability if a catheter be retained long in that situation of a fistula in the perineum, and moreover with a diseased perineum it is the most difficult of the operations for retention. The operation above the pubes, and through the rectum, are generally quite sufficient in every case. When

you pass an instrument for retention of urine from stricture as far as the membranous or prostatic portion you must not use force because it is either obstructed by the gland itself, or the parts around it. If you use force you will lacerate the urethra, you will injure the prostate, and severe cellular inflammation takes place, and possibly in a week, or even less, your patient dies, a thing I have seen over and over again. If you do get in the bladder with force, it is through a false passage, or at the expense of great laceration. In this case you had better puncture the bladder, an operation which will prevent the urine passing into the diseased parts, and which will prove successful. I do not overlook other means to be employed in such cases, such as warm baths, &c. ; ultimately the patient will do as well as if nothing had happened.

I may just advert here to the case of O'Brien, whose bladder I punctured above the pubes about thirty years ago, and whom many of you have seen, as he every now and then visits the hospital. He has through the whole of that period passed the whole of his water super pubem, and has suffered no inconvenience from wearing an instrument in that situation for so long a period. It was this patient who let the tube slip into the bladder, to remove which I operated as in the operation. He had previously suffered so much from the employment of bougies that he never would permit them to be employed again. He enjoyed an uninterrupted state of good health during the whole period, except on one occasion, when he met with an accident from his own imprudence.

I have another patient who has worn a tube in the same situation with great comfort, and without any material inconvenience, for twenty years.

THERAPEUTICAL RECORD.

(*British and Foreign Medico Chirurgical Review.*)

Albuminuria.—M. Mauchner recommends in the albuminuria and dropsy after scarlatina in children, the exclusive use of milk or rice diet. Under its influence, he says, an abundant urinary flux becomes established, which causes the disappearance of the dropsy; but should it not suffice for the cure he would seek to modify the urinary secretion by the use of alkalies. He recommends urea to be given in such cases in doses of one-third of a grain. It is to be gradually increased. When 6 or 8 grains are arrived at the urine is abundantly increased, and the dropsy rapidly disappears.

Chilblains.—Prof. Berthold employs decoction of nutgalls as a bath or applied by means of pledgets. The itching and burning disappear in 2 or 3 days, but in old cases the remedy must be continued longer. Oak-bark (1 to 2 lbs. of water) may be employed as a poultice. These remedies are not applicable to broken chilblains.

Convulsions.—M. Marotte relates the case of an infant, 11 months old, suffering from convulsions, with spasm of the glottis, during dentition. Chloroform was very cautiously administered with immediate relief; and in half an hour sleep was procured, and kept up by occasional respiration of the vapor for two hours, and then natural sleep ensued.

Congenital Hernia.—M. Jobert relates 4 cases treated successfully by iodine injection. The plan was proposed by Velpeau, 18 or 20 years ago. M. Jobert does not cut into the sac after Velpeau's method, but merely punctures it, varying the operation a little, according as the sac is full or not of liquid.

Chorea.—According to Dissey, chloroform inhalations have been used with advantage, at the Hospital des Enfants, in seven cases, where the violence of the movements have been beyond the control of opium or belladonna. It has been found at once to calm the movements and produce sleep, and in this way time has been gained for the employment of other remedies. On the first application of the vapor, the intensity of the movements is often greatly increased, but a calm succeeds, as the inhalation is continued. Dr. Bouchard relates a case of a girl in which severe chorea had lasted 21 days. She was subjected to the influence of chloroform 27 times in 21 days; at first twice, then three times, and, lastly, once a day, at the end of which time she was cured.

Ergot of Wheat.—Jobert concludes concerning this agent:—1. The medical and obstetrical property of this ergot is as incontestable as those of ergot of rye, and its effects are as prompt, as direct and as great. 2. Its hæmostatic action appears certain. 3. In the dose of one or two grammes, according to urgency, in cases of uterine hæmorrhage, during any period of pregnancy it has frequently succeeded in lessening, if not in completely arresting, the hæmorrhage; and this without appearing to produce any stimulant action on the uterus.

Facial Neuralgia.—M. Lecoite has employed chamomile, both in powder and concentrated infusion, in facial neuralgia in the periodic and non-periodic forms, with good results; even after other means of relief had failed; and believes it may in cases advantageously supplant cinchona the dose in powder must not be less than 4 grammes and an equivalent amount of infusion.

PERISCOPE.

Dislocation of the Shoulder.—Dr. Dugas, in an article on this subject, in the Southern Medical and Surgical Journal, after stating some of the difficulties in diagnosticating this condition in some subjects, remarks: "The discovery, then, of some one, unequivocal, pathognomonic fact, or sign, by which dislocation of this joint could in all cases be readily ascertained, must be a great desideratum. I believe that this will be

found in the following maxim: If the fingers of the injured limb can be placed (by the patient or the surgeon) upon the sound shoulder while the elbow touches the thorax, there can be dislocation; and if this *cannot* be done, there *must* be a dislocation." He demonstrates this by experiment made upon the skeleton. If it be a correct and infallible test, it is a discovery of importance, and we presume Dr. D. is entitled to all the credit of it.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERE.

PREVENTION OF POISONING.

The annals of poisoning, we think, will prove that, at certain times there has been a fashion in poisons, the same as in dress, in doctoring and in other affairs pertaining to civilized life. At one period arsenic was the people's choice, then as its oft repeated trials induced a satiety in the public appetite, it was gradually forsaken, and now is scarcely heard of except as a fly-destroyer or rat-extermiator. Opium had also its day of preference, it long swayed every other morbid desire by its supremacy, and chained down the human taste in servility to its bondage. Then came prussic acid, and with equal imperiousness she passed through the ordeal of popular favor, constraining every judgment to an expression in her own behalf. And so with others, now little better known than even the veritable Moloch. Thus has the hydra-headed fiend, poison, risen age after age to display upon each decapitation, another monstrous attraction not less revolting than the first.

The fashionable toxic of to-day is strychnia,—poisoning by this agent having latterly become extraordinarily prevalent. The general interest produced in the world's mind during the trial of Palmer, "the English poisoner," appears to have awakened a corresponding curiosity to try the destructive properties of the agent with which he achieved his deadly purposes; affording melancholy illustrations of the potent influences that fascination and imitation are capable of causing. It were difficult to account for the predilection in favor of strychnia in any other way, than by referring it to these feelings in a state of morbid excitement; the desire to realize the creations of one's own fancy overruling the dictates of reason, and the propensity to copy the performances of others controlling free-will agency.

We also cannot help considering that the selection has been, so to speak, undeserving as well as unfortunate. For strychnia is objectionable, both as a suicidal and as an homicidal poison. Suicidally, because it causes extreme bodily suffering, so acute, indeed, as only to be tolerable because unavoidable—consisting of immense agony, arising from involuntary spasms that pervade the tenderest parts and bow down the body in the most painful postures, of excruciating cramps raging through the extremities and trunk, shortening up their muscles in rigid contractions, and of pains in the abdomen of a sharp piercing kind, which exceed in intensity the distress of colic. And then still worse, amid all this torture, the intellect remains unclouded, perfect consciousness is preserved and the mind continues painfully alive to the impending peril into which it has ushered itself unbidden. Homicidally, strychnia is yet more objectionable. Because there is no other poison more certainly or more readily discovered than itself. Very mistaken notions prevail upon this point, and it has been foolishly supposed that strychnia is a very safe resource, because it will tell no tales and baffle inquiry. But it cannot be too widely known that this is false. Nor is the falsity countenanced by the results of the trial we lately recorded, because, as stated, there were in that case special reasons which precluded discovery. In a more recent instance, that of Dove, where the attendant circumstances were more favorable, although the quantity employed was small, a portion was detected after death by Mr. Nunnally. In future, too, at every suspicious case the first suggestion that will present itself, will be, did death result from strychnia? instead of being as heretofore one of the most distant possibilities entertained in the investigation.

During the past few months three distinct cases of poisoning by strychnia have become known to us. Their particulars are painfully interesting and briefly as follows:

The first we have condensed from a full description contained in the *Ayr (C. W.) Observer*. It contains the appalling crime of five murders and one suicide, all perpetrated by the one hand and at the same time. Affording together such an exhibition of wholesale life-destroying as the world is seldom shocked by. And having a special claim upon the attention of Canadians in having happened in their own land.

A farmer named John Bray, residing on the 10th concession of Blenheim, at the solicitations of his wife, took her to the Princeton Station, on the G. W. R. R., on Saturday morning last, she being desirous of visiting some of her relations residing somewhere near London. On Saturday evening, Bray told the servant girl that she might go home

and remain with her parents—near neighbors—until Monday morning, as he would not require her services on the Sabbath. He proceeded to tell her very particularly where his wife had gone to, and in case she might forget, he wrote with a lead pencil on one of the doors of the house, her address in full. On Sunday morning—according to the evidence of the eldest child, a boy about fourteen years of age, who fortunately recovered from the effects of the poison administered. Mr. Bray told his children that he had got some medicine from a doctor to give to them and that they were to eat as little food as they could during the day, as if they took much the beneficial effects of the medicine would be destroyed. About dusk on Sunday night, Mr. Bray proceeded to mix up the medicine, as he called it, with water in a dipper. He then gave the eldest boy three spoonfuls, and sent him off to bed up stairs. The next younger brother was served in like manner and sent to bed with the elder boy. The rest of the children also took the fatal poison from the parent. After the eldest son had lain in bed for a short time he heard his sister crying for water, and got up and called to his father, telling him his sister wanted a drink. Mr. Bray told him to go to bed again, remarking at the same time that the medicine would make them thirsty for a time, but they would soon get better. The boy went to bed and before long got into a very stupified and drowsy condition. He, however, recollects that his father came up stairs sometime during the night, and carried him and his brother down stairs and put them in his (the father's) bed. In the morning the boy awoke about sunrise, and felt very thirsty. In getting out of bed to procure a drink of water, he had got over his father and brother who were in bed with him—he being at the back of the bed—and in so doing, he discovered that they were both quite dead. He then went to another bed in the same room, and found his twin brothers and a sister also quite dead. Proceeding to the kitchen he found another brother lying dead in the servant girl's bed. He then became quite exhausted and lay down. About eight o'clock on Monday morning, the servant girl returned to the house, and hearing her enter, he told her they were all dead but him, and he was so weak he could not get up. Drs. Boyed and Treffrey made an examination of the bodies and gave it as their opinion that death had been caused by the administration of strychnine—a bottle of which, about half-full, was found on one of the window sills in the house. Some of the mixture in the dipper was also examined and found to consist of strychnine and water, and the boy stated that his father took the poison out of the bottle on the window. The jury returned a verdict in accordance with the foregoing evidence, "that death had

been caused by the use of strychnine—administered by the father of the family.”

The second is an accidental case, where death was caused, by strychnia dispensed by mistake for calomel. It happened on 27th July. Our information is derived from a short account contained in the Medical Circular.

The victim was a little boy, aged 8 years, an inmate of the Bailie Borough, Union, in the County of Cavan, Ireland, to whom a powder, supposed to consist of calomel and jalap, was administered by his mother at about ten minutes before seven o'clock on the morning of the above-mentioned day. From the mother's testimony before the coroner it appeared, that, in a very short time after swallowing the powder, the child worked in fits, and shouted out, “Oh, they are coming for me!” He had no appearance of locked jaw; he swallowed everything he got. The mother immediately ran for a doctor, who saw him without delay. He states that he found the deceased sensible, and speaking rationally. He was labouring under very violent tetanic convulsions. He had no vomiting. The extremities, upper and lower, were perfectly rigid and extended. The patient was trembling violently, and was one shaking mass in constant motion. The pupils of the eyes were dilated to their fullest extent. The eyeballs appeared to be protruding out of their sockets. The doctor immediately went to the surgery for an emetic, and on his return the boy was dead. On post-mortem examination, strychnia was discovered in the contents of the stomach. Part of the stomach appeared as if it had been sprinkled with red ink, the rest was healthy. The liver and other abdominal organs were healthy. Strychnia was likewise discovered in a second powder, which had been given to the mother along with that administered to the child. On the inquest it appeared that the doctor, who was acting during the temporary absence of the medical attendant of the workhouse, had, in compounding the medicine for the child, used a portion of the contents of a bottle on which were two labels—one before and one behind—marked strychnine. Dr. W—— stated that he was guided by the back label, the inscription on which was somewhat imperfect, and was read by him as “submurias hydrargyri.” The jury, after a lengthened consultation, agreed to the following verdict: “We find that the deceased came by his death on the morning of Sunday, the 27th of July, in consequence of strychnine prescribed [dispensed] by the doctor, in mistake for calomel, and administered by deceased's mother; and we are perfectly satisfied that he had no evil intention.”

The last case is that of William Dove, for the murder of his wife at

Leeds, England. The trial commenced 16th of last July. From the *Medical Times and Gazette* we learn that Dove was a man concerning whose sanity doubts were entertained: chiefly because he had been a cruel mischeivous, idle, silly person, addicted to intemperance and self-indulgence, without any settled notion of religion, following no useful employment, and the performance of sundry foolish acts, such as putting a loaded pistol into his own mouth, torturing cats, &c. - the plea, however, was not substantiated, and the trial proceeded. He had used previous endeavors to accomplish his end, but unsuccessfully. On the occasion, however, that proved fatal, he mixed some medicine in a glass, gave it to his wife, and soon after tetanoid convulsions, arching of the back, and the final agony of death supervened. It was proved that he had strychnia in his possession, and this agent was discovered at the necropsy. The latter was conducted with great care; the gastric contents were not suffered to escape, and strychnia was expressly sought for. His motive appeared to have been a desire to get rid of the wife, whom he hated, and to take another: the murder was planned and executed with extreme artifice and deliberation. He was very averse to a post mortem enquiry; he neither confessed his crime, nor offered any explanation of accidental administration, but adopted a dogged silence whenever an attempt was made to elicit from him information relative to the deed. He was found guilty, with a recommendation to mercy. It will be perceived there are several points of similarity between this and Palmer's case, suggesting the probability that the latter had infected Dove with the virus of imitation.

The foregoing cases evidently import a prevalence in the use of strychnia that is truly alarming. They also serve to indicate that the disposition to poisoning, generally, is on the increase; and such an evil, we think, loudly calls for prevention. Decided measures should be taken to arrest its onward march. And we believe a successful effort might be exerted;—not, certainly, by one individual, nor by the members of a single profession, but by the authoritative enactments of the Legislature. No person's life is safe, as long as the present system continues of selling, indiscriminately, the most noxious substances. Now every one—an adult or a child—without let or hinderance, has free access to these means. And from the facilities afforded by household arrangements, they may be employed in the most covert manner. We, therefore, submit that there exists an urgent necessity for amending the mode of retailing poisons that at present prevails, that cogent measures should be legally enforced for restricting the sale of these agents, and severe penalties be exacted in every instance of infraction of the con-

ditions upon which the disposal is permitted. The benefit derivable from legislation is well shewn in the diminution in Great Britain of the cases of poisoning by arsenic, since "the Arsenic prevention Act" has come into force. There is also reason to hope that shortly a more enlarged Act, embracing the prevention of poisons generally, will be likewise instituted. Lord Campbell having recently suggested in the House of Lords the necessity for such protection. And we trust, as there exists in this country an equal necessity, that we shall be favored with a similar boon. The desired object might possibly be worked out in various ways, but it seems to us that a plan embracing the following intentions would be most desirable:—

1. To interrupt the promiscuous dispensing that now exists. At present the dealers in poisons are more numerous than the traders in gunpowder or alcohol. Instead of being confined, as these articles, to a set of business men, they are freely disposed by apothecaries and druggists everywhere, by grocers and country storekeepers, more or less. They are kept by doctors and irregular practitioners of every *ism*. While no precaution is observed to prevent the use of the poison by accident or mistake. They are lavishly spread out before apprentices, servants, children, and strangers, favoring the opportunity occasioned by a chance misfortune, in consequence of either being placed along side of another drug which they resemble, and for which they are dispensed in a careless moment, or else the big label, POISON, tempts some weak mind to improve the moment of suggestion, and try what the evil really is.

2. To limit the disposal of poisons to one class of individuals. In our opinion it should be solely entrusted to apothecaries. Grocers can assuredly have no claim to the trade, and, for the sake of preserving life, doctors, we feel, would forego their right to hold possession of poisons. In towns, where, however, this last exemption could only be expected, no inconvenience would be experienced, for by the general adoption of the system of prescription when poisons required to be exhibited, any embarrassment, that might otherwise be felt, would be counteracted. Such a restriction does not proceed from any distrust in the physician, or greater confidence in the apothecary, but it is designed to give effect to the general plan.

3. To confine the use of poisons to medicinal purposes. Venders should, to this end, be proscribed from selling these deadly substances, as they now do, upon any pretext that is plausible, such as to take out ink stains, to kill cockroaches, &c.

4. To ensure greater accuracy in their distribution. This object might very easily be attained. As by allowing, in no case, a particle of

poison to leave the shop without the written order of a physician ; and instructing the latter not to give the same party, on one occasion, more doses than would collectively make a quantity less than that which experience has proved to be the smallest fatal dose, so that, in the event of the entire mixture being swallowed, no injury need be apprehended. And, lastly, to guard against the mishaps of juvenile ignorance, the bottle holding the poison might be different from those containing innocuous remedies—say of blue glass, with a peculiar style of label containing in large letters both the scientific and popular names on separate lines, and beneath these a distinct statement of the proper dose, and of the smallest fatal quantity.

MEDICAL COLLEGES—UNITED STATES.

We have received annual announcements from the faculties of several of these corporations, which we have much pleasure in specifying below.

Annual Announcement of the Medical Department of Pennsylvania College, Philadelphia, Ninth street, below Locust.

Fourteenth Annual Catalogue and Annual Announcement of Lectures of Rush Medical College, Chicago.

A Catalogue of all the Graduates of the Jefferson Medical College of Philadelphia, with Announcement.

Fifth Annual Announcement of Lectures of the Miami Medical College of Cincinnati.

Report and Announcement of the Medical Department of the University of Pennsylvania, Philadelphia.

Howard University, Massachusetts.

Medical College, Boston, Announcement of Lectures.

Without being invidious, we may observe, in a general way, that these various documents set forth in a flattering manner the special advantages of the different seats of learning from which they have emanated. Concurring in offering to the expectant pupils full facilities for prosecuting their medical studies, and promising a complete education on matters that commonly form subjects of lectures, provided, as a *sine qua non*, that the students themselves are apt and diligent.

Much of what is written in announcements is, unfortunately to be construed, with slight subtractions, on account of the *couleur de rose* which notoriously pervades publications of this kind. We think a faded pink wrapper a very fit envelope for these annual appearances. Although it

is true, as a rule, they are merely advertisements in a more emboldened form, yet the same end might still be attained, and much more modestly, too, if the writers were less vaunting in their professions and declarations. We trust, too, in future, that the compilers will not form such a low estimate of their readers' abilities, by undertaking to define the meaning of such common-place words as anatomy, physiology, &c. And if they write for physicians and guardians who are making up their minds where to send their charges it cannot certainly be necessary to inflate the boundaries and scope of the respective departments as they are paraded. We may be guided by a very contrary rule, but our inclination is always to expect least from the teacher or class that happens to be most imposing in pretensions. It is but just to observe that these remarks are not specially applicable to the announcements above named; they have rather been suggested by announcements generally, Canadian as well as American, and, as such, their propriety rests on an ample basis.

LAVAL UNIVERSITY.

We have heard but little of this seminary of learning for some time. Recently, however, our attention has been attracted to an announcement of the opening of its classes for the session 1856-57. Which event took place on the 9th ultimo, under as favorable auspices as circumstances would allow. The medical department affords valuable opportunities for the attainment of an extended knowledge in our profession. And we believe no expenses have been spared to procure a large assortment of means of illustration for the assistance of the various lecturers. A great portion of the museum has been imported expressly from Paris at great cost. We understand that it is the intention to append to the former staff a Professorship of Institutes of Medicine. This is a very wise procedure, and is merely in unison with the present enlightened state of medicine. For histology, physiology, morbid anatomy, and pathology, which are all included under this domain, have become so amplified by the researches and additions that have been contributed from various quarters during the past half-century as now to constitute a distinct branch of medical teaching, instead of severally encroaching, as formerly, upon the privileges of neighboring sections to which they could only claim the affinity of co-relation. We have much pleasure in further adding that Dr. W. Marsden, of Quebec, has been recommended by the Medical Council, or Faculty, to the University Council, as the most fit and proper selection that can be made. Our personal knowledge enables us unhesitatingly to accord in the corporate opinion so decisively

expressed. Possessing, as he does, in himself the attainments, so rarely met with, that are necessary to adorn a popular lecturer, and render his teachings attractive. And having the additional recommendation, as we have been informed, of having already delivered courses of lectures on physiology with great success. We hope we shall next have to chronicle the due installment of the deserving Dr. in his professorial chair.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. From April 2 to June 4, 1856, inclusive.—We acknowledge, with thanks, the receipt of this interesting document. It forms No. 1 of Vol. III., of a new series. The major portion is taken up with a very full memoir of Moréton Stille, M.D., that was read at the stated meeting, 2nd April, by Dr. Hollingsworth. And the conclusion is found a remarkable case of protracted sleep, the report of which extends over several pages.

Prescott Mineral Water.—Several Mineral Springs have been lately discovered near the Junction of the Grand Trunk and Ottawa Railroads, Prescott. One of these has been chemically analysed by Dr. R. W. Evans of Prescott, who found the water to contain a large quantity of sulphuretted hydrogen gas, chloride of sodium, potassium, and a trace of iron and magnesium. The Dr. considers this water would be useful “in rheumatism, dyspepsia, hypochondriasis, torpor of the intestines, consumption, constipation of the bowels, and visceral obstructions and scrofulous affections; also in cutaneous diseases, if applied in the form of a water bath.” We hope his patients will not prefer it to his medicines.

Coroner's Inquests in California.—The *True Californian* newspaper says:—“We are informed upon reliable authority, that the Vigilance Committee, in their investigation into the case of Thomas B. Cunningham, have elicited satisfactory evidence that he was in the habit, while connected with the office of Coroner in this County, of disintering the bodies of persons who had been buried, for the purpose of dropping them in the docks, and thus receiving the fees attending an inquest. In this way, it is said, one body has been made to do service three or four times—or as long as it would hold together. This accounts in part for the great number of bodies that, but a little while ago, were constantly found under the wharves.”

TRI-ENNIAL MEETING OF THE COLLEGE OF PHYSICIANS,
&c., L. C.

TROIS RIVIERES, 9 juillet 1856.

L'assemblée triennale des membres du Collège des Médecins et Chirurgiens du Bas-Canada a eu lieu ce jour, au Palais de Justice, en la ville des Trois Rivières. Furent présents: les Drs. Holmes, Chamberlin, Boyer, Von Iffland, Fowler, Jackson, Brigham, Galvour, Trudel, Weilbreuner, Morrin, Bibaud, Tresler, Sutherland, Marsden, Wright, Munro, Sabourin, Russel, (R. H.) Jones, Peltier, Landry, Turcotte, Fraser, Picault, et Badeau.

Le Dr. Holmes, Président du Collège, prend le fauteuil.

Le Dr. Landry, l'un des Secrétaires, lit le procès-verbal de la dernière assemblée triennale, lequel est approuvé.

Le Dr. Peltier, l'autre des Secrétaires, fait la lecture du Rapport pour les trois années qui viennent de s'écouler, et qui se trouve à la fin de ce compte-rendu.

Le Président invite les membres présents à faire les observations qu'ils jugeront convenables touchant ce Rapport, lequel est approuvé.

L'assemblée procède alors aux affaires générales du Collège, et conformément à un avis de motion publié suivant les Statuts, il est proposé par le Dr. Chamberlin, secondé par le Dr. Peltier,—“That the 2nd Section of the amended Rules and Regulations of the College of Physicians and Surgeons of Lower Canada be altered or amended in so far as related to the holding of Triennial Meetings at Three Rivers, and that Richmond be substituted for Three Rivers.”

Après quelque discussion à laquelle les Drs. Morrin, Chamberlin, et Fowler, prennent surtout part, il est proposé par le Dr. Morrin, secondé par le Dr. Boyer, et résolu,—Qu'à chaque assemblée triennale des membres du Collège l'assemblée désignera le lieu où devra se tenir la prochaine assemblée triennale.

Il est alors proposé par le Dr. R. H. Russell, secondé par le Dr. Fowler, et résolu,—That the next Triennial Meeting shall take place at Meibourne.

Conformément à un avis de motion publié en la manière prescrite par les Régléments du Collège, il est proposé par le Dr. Marsden, secondé par le Dr. Sabourin,—That the Bye-laws regulating the fees of the College be amended by substituting for the words “which fees will be returned to unsuccessful candidates,” the following: “one pound five shillings, of which fee shall be forfeited to the College after the first

unsuccessful examination for the practice, and twelve shillings and six pence on and after the first unsuccessful examination for the study, and that the balance of fees in both cases be returned to the said candidates."

Laquelle motion étant mise aux voix, est agréé à l'unanimité.

Le Dr. Marsden secondé par le Dr. Trudel, donne avis qu'il proposera à la prochaine assemblée triennale d'amender la 4ème. section du chap. des Statuts du Collège, intitulé "Des Membres," en retranchant les mots après "membres" jusqu'à "voter," et en leur substituant les mots suivants; "*nul membre du Collège ne sera éligible comme gouverneur ni ne pourra voter,*" etc., de manière que la Règle ainsi amendée devra se lire comme suit; *nul membre du Collège ne sera éligible comme gouverneur ni ne pourra voter à aucune des élections triennale à moins qu'il n'ait payé tout ce qu'il avait à payer.*

L'assemblée procède, par voie de scrutin, à l'élection de trente-six gouverneurs devant composer le Bureau Provincial de Médecine pour les trois années à venir. Les procurations suivantes de membres absents ayant droit de voter, ayant préalablement été produites de la part des Drs. A. Hall, J. P. Russell, E. Coderre, J. Marmette, G. E. Fenwick, J. Wolff, J. A. Sewell, Scott, Howard, Campbell, C. Frémont, O. Robitaille, et C. E. Lemieux.

Les Drs. Trestler, Sutherland et Russell sont chargés de faire le dépouillement du scrutin.

L'assemblée s'ajourna pendant deux heures; à la réunion de nouveau les scrutateurs remettent au Président la liste suivante, contenant les noms des membres qui ont réuni le plus grand nombre de suffrages, et celui-ci proclama, en conséquence, gouverneurs du Collège et membres du Bureau les messieurs dont les noms ont déjà été donnés sur le Journal de Médecine, le 1er Septembre dernier.

Le Dr. Weilbreneur, au nom du comité chargé de réviser les comptes du Trésorier, vient faire rapport que ceux-ci sont parfaitement corrects, et recommande une réduction dans les dépenses encourues pour publication d'annonces dans les journaux.

Le Dr. Fraser secondé par le Dr. Turcotte, et il est résolu, *nem. con.* Que des remerciements sont dus et offerts aux Officiers sortant de charge pour le zèle dont ils ont fait preuve dans l'exécution de leurs devoirs respectifs.

Des remerciements spéciaux et flatteurs sont particulièrement offerts au Dr. Holmes, Président de l'assemblée, pour la manière habile et tout-à-fait impartiale avec laquelle il a conduit les affaires de la journée.

Une assemblée du Bureau des Gouverneurs venant d'être élus, eut lieu immédiatement après l'assemblée triennale, aux fins d'élire ses Officiers pour les trois années à venir. Furent présents: Drs. Morrin, Sutherland, Chamberlin, Boyer, Peltier, Jackson, Marsden, Badeau, Russell, Von Iffland, Fowler, Brigham, Weilbrenner, Sabourin, Bibaud, Munro, Jones, Turcotte, Fraser, et Landry.

Le Dr. Holmes préside l'assemblée. Les Drs. Badeau et Chamberlin agissent comme scrutateurs. L'assemblée procède à l'élection du Président, et le dépouillement du scrutin donne le résultat en faveur du Dr. Frémont.

Le Dr. Frémont est en conséquence proclamé Président du Collège et du Bureau du Gouverneurs.

L'assemblée passa à l'élection des deux Vice-Présidents, et le Dr. Von Iffland ayant réuni la totalité des suffrages, est déclaré Vice-Président du Collège pour le District de Québec, pour le District de Montréal les suffrages donnent la majorité au Dr. Hall.

Immédiatement après son élection, le Dr. Von Iffland est invité par le Président de l'assemblée à prendre le fauteuil, et le Dr. Holmes en se retirant reçoit, de nouveau, un vote de remerciement, unanimement offert par les Gouverneurs, sur la proposition du Dr. Marsden, secondé par le Dr. Munro, pour sa conduite impartiale, comme Président, pendant les trois années qui viennent de s'écouler.

Le Dr. Jones est ensuite élu *nem. contr.* à la charge de Régistrateur et Trésorier.

Les Drs. Peltier et Landry sont réélus Secrétaires du Collège.

L'assemblée s'ajourna au second Mardi d'Octobre prochain, à Québec.

J. E. P. LANDRY, M.D.,
Secrétaire, Col. Méd. et Ch., B. C.

THE REPORT.

In conformity with the Bye-laws, and for the information of the members of the College of Physicians and Surgeons, the present Board, before resigning, begs leave to submit a report of their proceedings during the past three years.

The meeting held in Three Rivers, on the 13th July, 1853, was the second General Meeting of all the members of the College. The Officers elected for the ensuing three years were: Dr. Holmes, President; Dr. Boutillier of St. Hyacinthe, and Dr. Frémont of Quebec, Vice

Presidents; Dr. Peltier of Montreal, and Dr. Landry of Quebec, Secretaries; and Dr. Jones, Registrar and Treasurer.

The Board feels happy to mention that all its Semi-Annual Meetings were attended faithfully by most of the members, though, at a great inconvenience to many, but understanding, one and all, the nature of their trust and the importance of the task they never failed to do their duty. The Board has also much satisfaction in noticing the high professional attainments manifested by the majority of the candidates for license during their examinations, evidencing the efficiency of the teaching through which they had passed.

The number of licentiates, and especially of students entering upon the study of medicine, has been very large during the past three years. Licentiates with Diplomas and not having had to submit to examination, 29; licentiates after successful examination, 28; and there were 7 rejected, of whom, 1 four times; 3 twice. Students entering upon their medical studies, and after successful examination, 86; and 11 others rejected; chemists and Druggists, 4.

A vacancy having occurred by the death of Miville DeChêne, one of the Governors for the District of Quebec, Dr. Charest was elected in his place, Dr. Tavernier, one of the Governors for the city of Montreal, having removed from the Province, Dr. Boyer was elected to fill up the vacancy. Dr. Dubois, one of the Governors for the District of Quebec, having never attended any of the meetings, and not having sent any excuse for such continued absence, his name was erased from the list of Governors, and Dr. Têtu was elected to replace him.

As year after year gentlemen were making applications to the Secretaries to obtain an examination without furnishing any credentials on the plea that they had begun their medical studies previous to 1847, the Board decided that they had all to submit to the required curriculum.

Two motions have already been submitted at the Semi-Annual Meetings and will have to come before this Triennial Meeting, as they tend to change some of the present Bye-laws. One is to impose a fine of 25s. on all unsuccessful candidates for license; and the other is for changing the seat of Triennial Meetings to some other central place instead of Three Rivers.

A. F. HOLMES, M.D., *President*

J. E. P. LANDRY,
HECTOR PELTIER, M.D., } *Secretaries.*

Montreal, 5th July, 1856.

TREASURER'S STATEMENT.

Cash received from the late Treasurer, Dr. Arnold,			
July, 1853.....	£183	16	4
	<i>Money Expended. Cash on hand.</i>		
October Session, 1853.....	£92	15	8
May do., 1854.....	64	4	5
October, do., 1854.....	64	1	1
	125	18	5

Examined and found correct,

Signed, P. A. C. MONROE, M.D.
R. H. RUSSELL, M.C.

May 8, 1855.

	<i>Money Expended. Cash on hand.</i>		
May Session, 1855.....	£57	5	4
October do., 1855.....	65	8	6
May do., 1856.....	69	12	8
	201	8	7

Examined and found correct.

Signed, R. C. WEILBRENNER, M.D.
W. A. R. GILMOUR, M.D.

Three Rivers, July 9, 1856.

(True copy.)

THOS. WALTER JONES, M.D.

Treasurer and Registrar.

September 26, 1856.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 31st July to the 3rd September, 1856.

	Men.	Women.	Children.	Total.
Remained, Since admitted.	68 118	9 14	4 0	81 132
	186	23	4	213
Discharged,	142	13	4	159
Died,	3	0	0	3
Remaining,	41	10	0	51
	186	23	4	213

Fever,	17	Dislocation,	1	Feb. Intermit.,	5
Inflam. of Lungs,	9	Abscess,	4	Phlegmon,	1
Do. Liver,	3	Ulcers,	2	Diarrhœa,	4
Do. Bowels,	4	Wounds,	3	Delirium Tremens,	2
Rheumatism,	10	Contusions,	13	Stricture,	1
Dysentry,	13	Pregnancy,	8	Scrofula,	1
Small Pox,	1	Gastritis,	1	Hæmorrhoides,	1
Diseases of Skin,	3	Colic,	1	Cystitis,	1
Syphilis,	15	Icterus,	1	Destitution,	2
Fractures,	3	Neuralgia,	1	Conjunctivitis,	1

C. E. LEMIEUX, House Surgeon.

BOOKS RECEIVED FOR REVIEW.

Wood's Therapeutics and Pharmacology, 2 vols, 1856. From Messrs. Lippincott & Grambo, Philadelphia.

Draper's Physiology, 1856. From Messrs. Harper & Brothers, New York.

Churchill on Diseases of Children, second edition, 1856. From Messrs. Blanchard & Lea, Philadelphia.

Lyman's History and Statistics of Ovariectomy, 1856. From the author.

Haskell's Essays on the Physiology of the Nervous System, 1856. From the author.

MEDICAL NEWS.

The New York *Journal of Medicine* and New York *Medical Times* have been combined under the editorial control of Drs. S. S. Purple, Stephen, Smith and H. D. Bulkley. The first number of the new series has been received, and is, in all respects, worthy of patronage.—Dr. Joshua Flint, of Louisville, succeeds Professor Gross in the Louisville College.—Dr. H. Wales, of Boston, who recently died in Paris, after undergoing an amputation of the leg, necessitated by disease of the tibia, has bequeathed his valuable library to Harvard College, together with his entire fortune, amounting to about \$40,000.—Radcliffe advises the medical student in his earlier years to divide his time between the teachers of fencing and dancing.—Mead says, "the fashionable gesture and gentle manner of feeling the pulse agreeably is half the business."—The key-stone maxim on which all the great principles of medical ethics rest is a constant habit of *extolling yourself and deprecating your neighbor*—a gossiping female with a long tongue goes to make a fortune for a practitioner.—It is said the *thee* and *thou* of Dr. Fothergill, of London, was worth at least £2,000 a year to him.—Leaches bite like mad if the skin be first reddened by a mustard plaster.—A healthy boy has lately been born without eyes. The mother says, when nearly nine months advanced in pregnancy, she was frightened 'half to death' by suddenly meeting a large cat in a dark entry, eyes glaring like balls of fire, and *winking* in a most singular manner.—The late Dr. Treadwell, of Salem, was said to have left the bulk of his property, amounting to about \$100,000, and his valuable medical library to the medical department of Harvard College; but this has been since contradicted.—The sage Dr. Pouch observes, "female headaches are innumerable, but they arise principally from vexation and disappointment. They may be divided into the "nervous" and the "sick." The nervous is irritable and cannot bear to be spoken to; the sick is despondent or sulky, and bursts into tears at the least contradiction. Very apt to come on from the lady not having her own way, or a stranger being brought home to dine, &c." An uncommon quick cure is said to be, wrapping up the neck in a new shawl, the application of a piece of jewellery, &c., &c.—Dr. Gill succeeds Dr. Addison as Lecturer on the principles and practice of medicine at Guy's.—Miss Catherine Hayes has given £600 to the Melbourne Hospital; a new wing is to be added to it, to be called the "Catherine Hayes ward."—"Addison's disease" is the name M. Trousseau has proposed for disease of the supra-renal capsule, marked with a bronzed state of the skin.—During the second week of August there had been 28 cases of cholera in London, which had ended fatally. Their general duration points to the disease as being the common Summer type. The shortest was 12 hours, the longest 11 days.—The Academy of Science, at Montpellier, offers for 1857 a prize of 400 francs for the best Essay, written in French or Latin, upon the medico-surgical study of uterine deviations.—In 1858, a prize of 500 francs will be offered by the same body for the best Essay on the relations between alimentation and respiration.—The Royal College of Surgeons, Edinburgh, have unanimously elected Dr. Andrew Smith, the Director General, an Honorary Fellow of their College.—The number of graduates of Jefferson Medical College, from its commencement, in 1825 and 1856 inclusive, has been 3,597.—M. Beau has recently been elected a member of the Academie de Médecine in the section of Pathological Anatomy.